



Department of Defense DIRECTIVE

NUMBER 6400.1

June 23, 1992

ASD(FM&P)

SUBJECT: Family Advocacy Program (FAP)

References: (a) DoD Directive 6400.1, subject as above, July 10, 1986 (hereby canceled)
(b) Public Law 101-647, "Crime Control Act of 1990," November 29, 1990
(c) Public Law 97-291, "Victim and Witness Protection Act of 1982," October 12, 1982
(d) [DoD 5025.1-M](#), "DoD Directives System Procedures," December 1990
(e) through (h), see enclosure 1

1. REISSUANCE AND PURPOSE

1.1. This Directive administratively reissues reference (a) to update:

1.1.1. DoD policy on child abuse and neglect (hereafter referred to as "child abuse") and spouse abuse.

1.1.2. The Department of Defense FAP and Family Advocacy Committee (FAC).

1.1.3. Responsibility for the establishment and operation of programs designed to address child and spouse abuse.

1.1.4. The Military Family Clearinghouse (MFC).

1.1.5. Responsibility to use the programs established by section 4., below, to implement references (b) and (c).

1.2. This Directive authorizes the publication of DoD 6400.1-M, consistent with reference (d).

2. APPLICABILITY AND SCOPE

This Directive:

2.1. Applies to the Office of the Secretary of Defense (OSD) and the Military Departments. Military personnel assigned to the OSD, the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Unified and Specified Commands, the Inspector General of the Department of Defense, and the Defense Agencies (hereafter referred to collectively as "the DoD Components") shall be covered by this Directive and the regulations and policies issued by their parent Military Departments to implement this Directive.

2.2. Applies to the U.S. Coast Guard, an Agency under the Department of Transportation (DoT), by agreement with the DoT. This Directive shall also apply to the Coast Guard when it is operating as a Military Service in the Navy.

2.3. Encompasses all persons eligible to receive treatment in military medical treatment facilities (MTFs).

2.4. Provides only internal DoD guidance to protect and assist actual or alleged victims of child and spouse abuse. It is not intended to and does not create any rights, substantive or procedural, enforceable at law by any victim, witness, suspect, accused, or other person in any matter, civil or criminal. No limitations are placed on the lawful prerogatives of the Department of Defense or its officials. DoD policy governing the protection of victims and witnesses is prescribed in DoD Directive 1030.1 (reference (e)).

3. DEFINITIONS

Terms used in the Directive are defined in enclosure 2.

4. POLICY

It is DoD policy to:

4.1. Prevent child and spouse abuse involving persons covered by section 2., above, and to treat allegations of such abuse, in accordance with section 6., below.

4.2. Direct the development of programs and activities that contribute to healthy family lives.

4.3. Provide a coordinated and comprehensive DoD-wide child and spouse abuse program.

4.4. Promote early identification and intervention in cases of alleged child and spouse abuse.

4.5. Provide programs of rehabilitation and treatment for child and spouse abuse problems. Such programs do not prevent appropriate administrative or disciplinary action.

4.6. Cooperate with responsible civilian authorities in efforts to address the problems to which this Directive applies.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense (Force Management and Personnel) shall:

5.1.1. Develop a coordinated approach to family advocacy issues consistent with this Directive, recognizing that programs shall be designed to meet local needs.

5.1.2. Establish a DoD FAC to advise the Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)). The FAC shall identify joint Service issues and assist in the coordination of special projects. The FAC shall be chaired by the Deputy Director, FAP, and shall be made up of representatives from the Military Services, the Office of the Assistant Secretary of Defense (Health Affairs), and other DoD Components, as required. The Coast Guard shall be invited to designate a representative to serve on the FAC.

5.1.3. Develop criteria for determining the minimum number of appropriately trained professionals, counselors, and support staff, and the range of services required to ensure program effectiveness.

5.1.4. Coordinate the management of this program with similar medical and social programs serving military families.

5.1.5. Program, budget, and allocate funds and other resources for the FAP.

5.1.6. Collect and analyze FAP data.

5.1.7. Serve on Federal committees and advisory groups that encompass issues included in the FAP.

5.1.8. Assist the Military Services in their efforts to establish, develop, and maintain comprehensive FAPs.

5.1.9. Collaborate with the DoD Components to establish FAP standards.

5.1.10. Monitor and evaluate existing FAPs at the headquarters level.

5.1.11. Provide guidance and technical assistance.

5.1.12. Collaborate with Federal and State agencies that address family advocacy issues.

5.1.13. Facilitate the identification and resolution of joint-Service issues and concerns.

5.1.14. Ensure that the MFC collects and maintains family advocacy-related resource and research materials.

5.1.15. Ensure that the MFC publishes a newsletter.

5.1.16. Monitor compliance with this Directive.

5.2. The Secretaries of the Military Departments shall:

5.2.1. Establish broad policies on the development of FAPs. Those policies shall include, but not be limited to, the prohibition of child and spouse abuse by persons covered under section 2., above.

5.2.2. Identify the fiscal and personnel resources necessary to implement the FAP, in accordance with section 6., below, and report these resource totals to the Office of the ASD(FM&P) (OASD(FM&P)).

5.2.3. Designate a FAP manager.

5.2.4. Coordinate efforts and resources among all activities serving families to promote the optimal delivery of services.

5.2.5. Provide program and obligational data as required to the OASD(FM&P).

5.2.6. Establish standardized criteria, in accordance with DoD Directives 6025.6 and 6025.11 (references (f) and (g)), for the selection and certification of healthcare and social service personnel who counsel individuals and families as part of the FAP.

5.2.7. Provide education and training to key personnel on this policy and effective measures to alleviate problems associated with child and spouse abuse.

5.2.8. Encourage local commands to develop memoranda of understanding (MOUs) providing for cooperation and reciprocal reporting of information with the appropriate civilian officials, in accordance with Pub. L. No. 101-189 (1989) (reference (h)).

5.2.9. Ensure eligible military families living in the civilian community, as well as those families living on military installations, are included in the FAP.

5.2.10. Ensure that installation commanders appoint FAP officers to implement local FAPS, in accordance with section 6., below.

5.2.11. Ensure that installation commanders establish family advocacy case review committees (CRCs), in accordance with enclosure 3, and provide appropriate training to the members.

5.2.12. Ensure the development of additional guidelines for assembling complete case information under section 6., below.

5.2.13. Develop specific criteria for retaining members in military service who have been involved in an incident of substantiated abuse.

5.2.14. Develop guidelines for case management and monitoring of the FAP.

6. PROCEDURES

6.1. When assisting victims of child and spouse abuse and witnesses to such acts, attention shall be given to the applicable provisions of Pub. L. No. 101-647 (1990) and

DoD Directive 1030.1 (references (b) and (e)). Local response to cases of suspected child or spouse abuse shall be coordinated among appropriate military and civilian agencies to ensure that any further trauma to the victim(s) is minimized. When an act of abuse, as specified in section 1., above, allegedly has occurred, the local FAP office shall be notified immediately and shall, in turn, ensure implementation of the following procedures:

6.1.1. Medical assessment and treatment for all family members by appropriately trained personnel.

6.1.2. Notification of the Service member's commanding officer.

6.1.3. Notification of military law enforcement and investigative agencies.

6.1.4. Notification of the local public child protective agency (in alleged child abuse cases only) in the United States and where covered by agreement overseas.

6.1.5. Observance of the applicable rights of alleged offenders.

6.2. The CRC responsible for assessing reports of alleged child and spouse abuse shall review all the available case material and shall make a status determination of "substantiated," "suspected," or "unsubstantiated" for each case. The CRC shall make recommendations to the Service member's commanding officer on inclusion in a treatment program. The CRC shall also be responsible for monitoring and advising the commander of progress in treatment.

6.3. Guidelines shall be developed locally to ensure that commanders have timely access to complete case information when considering appropriate disposition of allegations. Factors that shall be considered in determining dispositions include the following:

6.3.1. Military performance and potential for further useful service.

6.3.2. Prognosis for treatment as determined by a clinician with expertise in the diagnosis and management of the abuse at issue (child abuse, child neglect, child sexual abuse, and/or spouse abuse).

6.3.3. Extent to which the alleged offender accepts responsibility for his or her behavior and expresses a genuine desire for treatment.

6.3.4. Other factors considered to be appropriate by the command.

6.4. All alleged offenders and their families shall have access to appropriate case management and treatment services.

7. INFORMATION REQUIREMENTS

DD Form 2404, "DoD Child and Spouse Abuse Report," is assigned Report Control Symbol (RCS) DD-FM&P(SA)1617. The Secretaries of the Military Departments shall submit this report to the ASD(FM&P), semiannually, not later than 45 days following the second and fourth quarters of each fiscal year.

8. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately.



Donald J. Atwood
Deputy Secretary of Defense

Enclosures - 3

- E1. References, continued
- E2. Definitions
- E3. Program Elements

E1. ENCLOSURE 1

REFERENCES, continued

- (e) [DoD Directive 1030.1](#), "Victim and Witness Assistance," August 20, 1984
- (f) DoD Directive 6025.6, "Licensure of DoD Health Care Personnel," June 6, 1988
- (g) DoD Directive 6025.11, "DoD Health Care Provider Credentials Review and ClinicalPrivileging," May 20, 1988
- (h) Public Law 101-189, Title XV, "Military Child Care Act of 1989," November 29, 1989

E2. ENCLOSURE 2

DEFINITIONS

E2.1.1. Case Review Committee (CRC). A multidisciplinary team of designated individuals working at the installation level, tasked with the evaluation and determination of abuse and/or neglect cases and the development and coordination of treatment and disposition recommendations.

E2.1.2. Case Status. The status of the case at the time of the report. Includes "substantiated," "suspected," or "unsubstantiated," as follows:

E2.1.2.1. Substantiated. A case that has been investigated and the preponderance of available information indicates that abuse has occurred. This means that the information that supports the occurrence of abuse is of greater weight or more convincing than the information that indicates that abuse did not occur.

E2.1.2.2. Suspected. A case determination is pending further investigation. Duration for a case to be "suspected" and under investigation should not exceed 12 weeks.

E2.1.2.3. Unsubstantiated. An alleged case that has been investigated and the available information is insufficient to support the claim that child abuse and/or neglect or spouse abuse did occur. The family needs no family advocacy services.

E2.1.3. Child Abuse and/or Neglect. Includes physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations for a child by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of a responsible person. A "child" is a person under 18 years of age for whom a parent, guardian, foster parent, caretaker, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term "child" means a natural child, adopted child, stepchild, foster child, or ward. The term also includes an individual of any age who is incapable for self-support because of a mental or physical incapacity and for whom treatment in a MTF is authorized.

E2.1.4. DoD Family Advocacy Committee (DoD FAC). A body of representatives from all Military Service branches (including the Coast Guard) and other designated members chaired by the Deputy Director, FAP, tasked with advising the ASD(FM&P), or designee, on the status of FAPs, and assisting with the coordination of special projects.

E2.1.5. Family Advocacy Program (FAP). A program designed to address prevention, identification, evaluation, treatment, rehabilitation, followup, and reporting of family violence. FAPs consist of coordinated efforts designed to prevent and intervene in cases of family distress, and to promote healthy family life.

E2.1.6. FAP Manager (FAPM). An individual designated by the Secretary of the Military Department to manage, monitor, and coordinate the FAP at the headquarters level.

E2.1.7. FAP Officer (FAPO). A designated officer to manage, monitor, and provide staff supervision of the FAP at the local level.

E2.1.8. Spouse Abuse. Includes assault, battery, threat to injure or kill, other act of force or violence, or emotional maltreatment inflicted on a partner in a lawful marriage when one of the partners is a military member or is employed by the Department of Defense and is eligible for treatment in an MTF. A spouse under 18 years of age shall be treated in this category.

E3. ENCLOSURE 3
PROGRAM ELEMENTS

E3.1.1. A comprehensive FAP requires prevention, education, and training efforts to make all personnel aware of the scope of child and spouse abuse problems and to facilitate cooperative efforts. The FAP shall include the following elements:

E3.1.1.1. Prevention. Efforts to prevent child and spouse abuse, including information and education about the problem in general. Prevention efforts shall be specifically directed toward potential victims, offenders, and nonoffending family members.

E3.1.1.2. Direct Services. Identification, diagnosis, treatment, counseling, rehabilitation, follow-up, and other services directed toward the victims and perpetrators of abuse and their families. These services shall be supplemented locally by a multidisciplinary CRC established to assess incidents of alleged abuse and make determinations and recommendations for treatment and case management.

E3.1.1.3. Administration. All services, logistical support, and equipment necessary to ensure the effective and efficient operation of the FAP, including the following:

E3.1.1.3.1. The development of local MOUs with civilian authorities for the reporting of cases, provision of services, and the delineation of responsibilities in responding to child and spouse abuse.

E3.1.1.3.2. Use of nonpersonal service contracts to accomplish program goals.

E3.1.1.3.3. Preparation of periodic reports, consisting of incidence data. (See section 7., of the basic Directive, above.)

E3.1.1.4. Evaluation. Needs assessment, program evaluation, research, and similar activities to support the FAP.

E3.1.1.5. Training. All educational measures, services, supplies, or equipment used to prepare or maintain the skills of personnel working in the FAP.